

CAMPAIGN FINANCE REPORT STATE OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

FRIENDS FOR BLANEY

Street Address

3595 VALLEY BROOKE LN

City, State and Zip Code

GREEN BAY WI 54313



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special
☒ July Continuing **2013** ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☒ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

1A. Contributions (Including Loans) from Individuals

\$ **-0-**

\$ **-0-**

\$

\$

1B. Contributions from Committees (Transfers-In)

\$ **-0-**

\$ **-0-**

\$

\$

1C. Other Income and Commercial Loans

\$ **-0-**

\$ **-0-**

\$

\$

TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)

\$ **-0-**

\$ **-0-**

\$

\$

2. DISBURSEMENTS

2A. Gross Expenditures

\$ **-0-**

\$ **-0-**

\$

\$

2B. Contributions to Committees (Transfers-Out)

\$ **-0-**

\$ **-0-**

\$

\$

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$ **-0-**

\$ **-0-**

\$

\$

CASH SUMMARY

Cash Balance Beginning of Report

\$ **2,097.29**

Total Receipts

\$ **-0-**

Subtotal

\$ **2,097.29**

Total Disbursements

\$ **2,097.29**

CASH BALANCE END OF REPORT

\$ **-0-**

INCURRED OBLIGATIONS

(Balance at the Close of This Period-3A)

\$ **-0-**

LOANS (Balance at the Close of This Period-3B)

\$ **8,948.51**

\$

\$

\$

\$

\$

\$

\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Signature of Candidate or Treasurer

Date:

KERRY M BLANEY

Kerry M Blaney

Daytime Phone:

711-13

The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

This form is prescribed by the State Elections Board P.O. Box 2973, Madison, WI 53701-2973, 608-266-8005 Fax: 608-267-0500

EB-2 Rev 06/07

Website: elections.state.wi.us e-mail: seb@seb.state.wi.us

SCHEDULE 2-B

DISBURSEMENTS **Contributions To Committees** **(Transfers-Out)**

Page 1 of 1

Complete Committee Name

FRIENDS FOR BLANCK

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
11/01/13	KERRY M BLANCK 3595 VALLEY BROOK RD GREEN BAY WI	2,097.29	2,097.29	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			

SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE

\$ 2,097.29

TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES

\$ 2,097.29

*****End of Report*****

Campaign Finance ReportShort Form EB-2a
State Elections Board

☐ Spring ☐ Fall ☐ Special Pre-Primary ☐ Continuing Report due Jan. 31, _____
☐ Spring ☐ Fall ☐ Special Pre-Election ☒ Continuing Report due July 20, 2013

Patrick Buebley
Name of Candidate or Committee (in full)

3246 West Point Rd.
Address (number and street)

Green Bay, WI 54313
City, State, Zip

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

Date

Daytime Phone

Patrick Buebley
EB-2a (Rev. 9/98) (Reformatted 3/98) (Y2K 9/99)

07-08-13 920-997-3052



**SHORT FORM – Use For “No
Activity” Reporting Period**

*****End of Report*****

Campaign Finance ReportShort Form EB-2a
State Elections Board

☐ Spring ☐ Fall ☐ Special Pre-Primary ☐ Continuing Report due Jan. 31, _____
☐ Spring ☐ Fall ☐ Special Pre-Election ☒ Continuing Report due July 20, 13

Eisenheim for a Better Green Bay

Name of Candidate or Committee (in full)

843 Dousman Street

Address (number and street)

Green Bay, WI 54303

City, State, Zip

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

Date

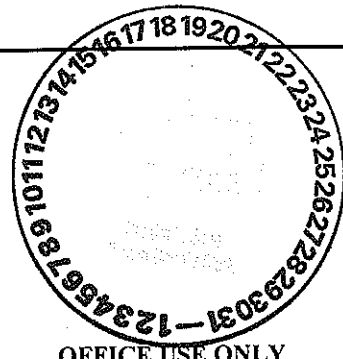
Daytime Phone

**7/16/13****920-430-8338**

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)

**SHORT FORM – Use For “No
Activity” Reporting Period*******End of Report*****

CAMPAIGN FINANCE REPORT STATE OF WISCONSIN



Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Patrick Evans

Street Address

328 David Drive

City, State and Zip Code

Green Bay, WI 54303

OFFICE USE ONLY

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special
☒ July Continuing *2013* ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
1A. Contributions (Including Loans) from Individuals	\$ <i>400.00</i>	\$ <i>400.00</i>	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ <i>- 0 -</i>	\$ <i>- 0 -</i>	\$	\$
1C. Other Income and Commercial Loans	\$ <i>- 0 -</i>	\$ <i>- 0 -</i>	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <i>400.00</i>	\$ <i>400.00</i>	\$	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$ <i>606.54</i>	\$ <i>606.54</i>	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ <i>- 0 -</i>	\$ <i>- 0 -</i>	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <i>606.54</i>	\$ <i>606.54</i>	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ <i>346.87</i>	\$
Total Receipts	\$ <i>400.00</i>	\$
Subtotal	\$ <i>746.87</i>	\$
Total Disbursements	\$ <i>606.54</i>	\$
CASH BALANCE END OF REPORT	\$ <i>140.33</i>	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ <i>- 0 -</i>	\$
LOANS (Balance at the Close of This Period-3B)	\$ <i>2,100.00</i>	\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date: <i>7-16-13</i>
<i>JAY J. THIBBETTS, MD</i>	<i>J. J. Thibbets, MD</i>	Daytime Phone: <i>(920) 494-2265</i>

The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

This form is prescribed by the State Elections Board P.O. Box 2973, Madison, WI 53701-2973, 608-266-8005 Fax: 608-267-0500

EB-2 Rev 06/07

Website: elections.state.wi.us e-mail: seb@seb.state.wi.us

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

Page ____ of ____

Complete Committee Name

Friends of Patrick Evans

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
5/31/13	Patrick M. Evans 1692 Nancy Ave Green Bay, WI 54303	consultant KAYAN Consulting Group 1692 Nancy Ave Green Bay, WI 54303	\$ 400.00	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 400.00	
TOTAL ITEMIZED CONTRIBUTIONS			\$ 400.00	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 400.00	

SCHEDULE 2-A
DISBURSEMENTS
Gross Expenditures

Page ____ of ____

Complete Committee Name

Friends of Patrick Evans

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
4-1-13 5-1-13 6-1-13	Edward Jones 550 N. Military Ave. Suite 5 Green Bay, WI 54303	Checking account 3 mos	9.00	
6-13-13	Badgerland Printing, Inc 610 George Street De Pere, WI 54115	Business news letter	296.46	
6-13-13	U.S. Postmaster	mailing news letter	292.08	
1-1-13 2-1-13 3-1-13	Edward Jones 550 N. Military Ave. Suite 5 Green Bay, WI 54303	Checking account 3 mos	9.00	
1-1				
1-1				
1-1				
1-1				
1-1				
1-1				
1-1				
1-1				

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 606.54

TOTAL ITEMIZED EXPENDITURES

\$ 606.54

ITEMIZED EXPENDITURES \$20 OR LESS

\$

*****End of Report*****

TOTAL EXPENDITURES

\$ 606.54

Campaign Finance ReportShort Form EB-2a
State Elections Board

☐ Spring ☐ Fall ☐ Special Pre-Primary ☐ Continuing Report due Jan. 31, _____
☐ Spring ☐ Fall ☐ Special Pre-Election ☒ Continuing Report due July 20, 13

Steven Fewell
Name of Candidate or Committee (in full)
550E Glenbrook Dr.
Address (number and street)

Pulaski, WI 54162
City, State, Zip

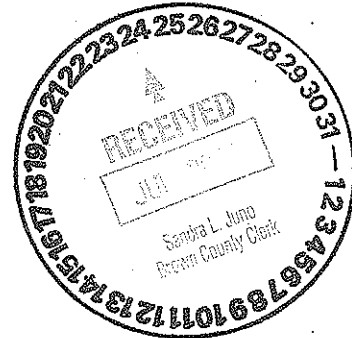
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

Date

Daytime Phone

EB-2a (Rev. 9/95) (Reformatted 3/98) (V2K/9/99)



**SHORT FORM – Use For “No
Activity” Reporting Period**

*****End of Report*****

Campaign Finance Report Short Form GAB-2a Government Accountability Board		GAB ID Number
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<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Continuing Report due Jan. 31, ____
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special	<input type="checkbox"/> Pre-Election	<input type="checkbox"/> Continuing Report due July 20 <u>2013</u>

Bradley A. Hopp

Name of Candidate or Committee (in full)

542 NEWTOLS ST

Address (number and street)

GREENBAY WI 54302

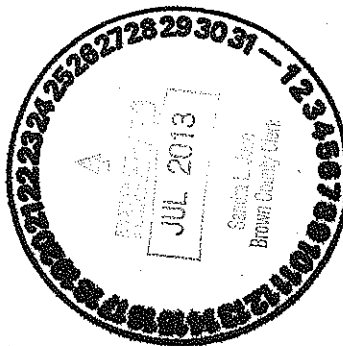
City, State, Zip

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate	Date	Daytime Phone
<u>[Signature]</u>	<u>7/20/13</u>	<u>920.542.9213</u>

GAB-2a (Rev. 11/03) (Reformatted 11/03) (YZK 9/99)

*****End of Report*****



Campaign Finance ReportShort Form EB-2a
State Elections Board

☐ Spring ☐ Fall ☐ Special Pre-Primary ☐ Continuing Report due Jan. 31, _____
☐ Spring ☐ Fall ☐ Special Pre-Election ☒ Continuing Report due July 20, 2013

Name of Candidate or Committee (in full)

Sandy Juno
616 Dauphin St.

Address (number and street)

Green Bay, WI 54301

City, State, Zip

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

Date

Daytime Phone

*Sandra L. Juno**6-30-13**920.448.4021*

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**SHORT FORM – Use For “No
Activity” Reporting Period**

*****End of Report*****

Campaign Finance Report Short Form EB-2a State Elections Board	
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<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special	Pre-Primary _____	<input type="checkbox"/> Continuing Report due Jan. 31, _____
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special	Pre-Election _____	<input checked="" type="checkbox"/> Continuing Report due July 20, <u>2013</u>

Name of Candidate or Committee (in full) Friends of Kelso

Address (number and street) 11320 N. Crestview

City, State, Zip Fountain Hills, AZ 85268

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

Date

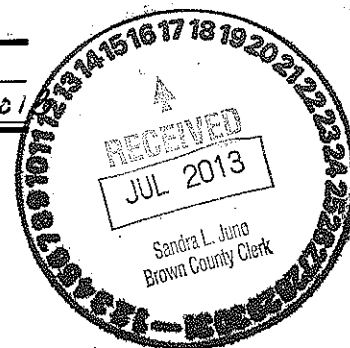
Daytime Phone

Carol Kelso

7/11/13

480 584 3678

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)



**SHORT FORM – Use For “No
Activity” Reporting Period**

*****End of Report*****

Campaign Finance Report Short Form EB-2a State Elections Board		
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special Pre-Primary _____	<input type="checkbox"/> Continuing Report due Jan. 31, _____	
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special Pre-Election _____	<input checked="" type="checkbox"/> Continuing Report due July 20, <u>2013</u>	

Name of Candidate or Committee (in full) Thomas Lund

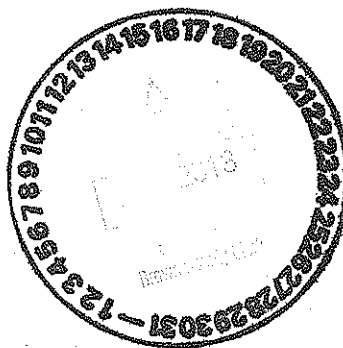
Address (number and street) 2091 Magy Lane

City, State, Zip Green Bay WI 54313

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate	Date	Daytime Phone
<u>[Signature]</u>	<u>5/15</u>	<u>920 662-2355</u>

EB-2a (Rev. 9/98) (Reformatted 3/98) (V2 9/99)



**SHORT FORM – Use For “No
Activity” Reporting Period**

*****End of Report*****

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Marcelle for County Clerk

Street Address

1832 Fiesta Lane

City, State and Zip Code

Green Bay, WI 54302



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special
☒ July Continuing 2013 ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☒ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
1A. Contributions (Including Loans) from Individuals	\$ 0	\$	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ 0	\$	\$	\$
1C. Other Income and Commercial Loans	\$ 0	\$	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$	\$	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$	\$	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ 618.54	\$	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 618.54	\$	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 618.54
Total Receipts	\$ 0
Subtotal	\$ 618.54
Total Disbursements	\$ 618.54
CASH BALANCE END OF REPORT	\$ 0
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ —
LOANS (Balance at the Close of This Period-3B)	\$ 0

\$
\$
\$
\$
\$
\$
\$
\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Darlene K. Marcelle

Signature of Candidate or Treasurer

Darlene K. Marcelle

Date: 7-18-2013

Daytime Phone: 920-468-1191

The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

This form is prescribed by the State Elections Board P.O. Box 2973, Madison, WI 53701-2973, 608-266-8005 Fax:608-267-0500

SCHEDULE 2-A
DISBURSEMENTS
Gross Expenditures
Contributions to Committees

 Page 5 of

Complete Committee Name

Marcelle for County Clerk

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
5/25/12	Friends of Scott Walker 115 E. State Capitol Madison, WI 53702	donation	50.00	
7/20/12	Friends of Sandy Jundo 616 Dauphin St. Green Bay, WI 54301	donation	200.00	
9/24/12	Bies for Assembly P.O. Box 8952 Madison, WI 53708	donation	25.00	
10/17/12	Macco for State Senate 1138 Main St. Green Bay, WI 54301	donation	25.00	
10/19/12	Macco for State Senate 1138 Main Street Green Bay, WI 54301	donation	50.00	
10/17/12	Ribble for Congress 550 N. Military Ave. Suite 4B Green Bay, WI 54303	donation	35.00	
1/16/13	Friends of Scott Walker 115 E. State Capitol Madison, WI 53702	donation	50.00	
3/7/13	Ribble for Congress 550 N. Military Ave. Suite 4B Green Bay, WI 54303	donation	25.00	
4/23/13	Friends of Scott Walker 115 E. State Capitol Madison, WI 53702	donation	50.00	

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

 \$ 510.00

TOTAL ITEMIZED EXPENDITURES

\$

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$

TOTAL EXPENDITURES

\$

SCHEDULE 2-B
DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Page 6 of

Complete Committee Name

Marcelle for County Clerk

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
4/23/13	Ribble for Congress 550 N. Military Ave. Suite 4B Green Bay, WI 54303 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	33.54		
4/23/13	Jacque for Assembly P.O. Box 8952 Madison WI 53708 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	50.00		
4/23/13	Weininger for Assembly P.O. Box 8953 Madison, WI 53708 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	25.00		
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 108.54		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 618.54		

SCHEDULE 4**TERMINATION REQUEST**

Complete Committee Name

Marcelle for County Clerk

WSEB ID Number

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Non-candidate committees registered with the state must pay the \$100 filing fee if they have over \$2500 in total disbursements for the calendar year.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

DISPOSAL OF RESIDUAL FUNDS*THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.*

Date	Recipient	Amount

LOAN OR DEBT FORGIVENESS*I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.*

Date	Endorser, Guarantor, or Creditor	Amount

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Signature of Candidate or Treasurer

Darlene K. Marcelle

Date

*7-18-2013******End of Report*****

Campaign Finance ReportShort Form EB-2a
State Elections Board

☐ Spring ☐ Fall ☐ Special Pre-Primary _____ ☐ Continuing Report due Jan. 31, _____
☐ Spring ☐ Fall ☐ Special Pre-Election _____ ☒ Continuing Report due July 20, 2013

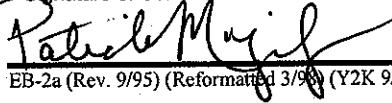
Name of Candidate or Committee (in full) MOYNIHAN COMMITTEE FOR BETTER GOVERNMENTAddress (number and street) 2444 BABCOCK ROADCity, State, Zip GREEN BAY, WI 54313

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

Date

Daytime Phone

07/08/13920-490-5318(w)

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)



**SHORT FORM – Use For “No
Activity” Reporting Period**

*****End of Report*****

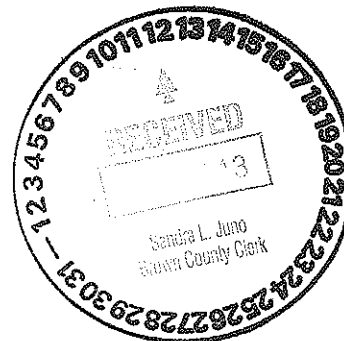
Campaign Finance Report Short Form EB-2a State Elections Board		
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special	Pre-Primary _____ Pre-Election _____	<input type="checkbox"/> Continuing Report due Jan. 31, _____ <input checked="" type="checkbox"/> Continuing Report due July 20, <u>2013</u>

Name of Candidate or Committee (in full) Andy Nicholson
 Address (number and street) 800 Venus Dr.
Green Bay WI 54311
 City, State, Zip

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate	Date	Daytime Phone
<i>[Signature]</i>	8/12/13	920 465 3564

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)



SHORT FORM – Use For “No Activity” Reporting Period

*****End of Report*****

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Citizens for Seiber

Street Address

480 Masters Lane

City, State and Zip Code

Green Bay, WI 54311



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special
☒ July Continuing 13 ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
1A. Contributions (Including Loans) from Individuals	\$ <u>3,000.00</u>	\$	\$	\$
1B. Contributions from Committees (Transfers-In)	\$	\$	\$	\$
1C. Other Income and Commercial Loans	\$	\$	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	\$	\$	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$	\$	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	\$	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ <u>53.99</u>
Total Receipts	\$ <u>3,000.00</u>
Subtotal	\$
Total Disbursements	\$ <u>-</u>
CASH BALANCE END OF REPORT	\$ <u>3,053.99</u>
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$

\$
\$
\$
\$
\$
\$
\$
\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Tom Seiber

Signature of Candidate or Treasurer

Tom Seiber

Date: 7-17-13

Daytime Phone: 920.680.6366

The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

This form is prescribed by the State Elections Board P.O. Box 2973, Madison, WI 53701-2973, 608-266-8005 Fax:608-267-0500

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

Page ____ of ____

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date 6/28/13	Full Name, Mailing Address and Zip Code Tom Seiber 440 Masters Ln Green Bay, WI 54301	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) Self	Amount 3,000.00	Calendar Year-to-Date Total 3,000.00
				Office Use
Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
				Office Use
Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
				Office Use
Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
				Office Use
Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
				Office Use
Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
				Office Use
Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
				Office Use
Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
				Office Use
Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
				Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

*****End of Report*****

Campaign Finance Report
Short Form EB-2a
State Elections Board

☐ Spring ☐ Fall ☐ Special Pre-Primary ☐ Continuing Report due Jan. 31, _____
☐ Spring ☐ Fall ☐ Special Pre-Election ☒ Continuing Report due July 20, **2013**

STEFFEN FOR BROWN COUNTY
Name of Candidate or Committee (in full)

1593 REDSTONE TRAIL
Address (number and street)

HOWARD, IL 54313
City, State, Zip

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

Date

Daytime Phone

 **7/8/13** **920.246.0102**

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)



**SHORT FORM – Use For “No
Activity” Reporting Period**

*****End of Report*****

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Streckenbach for Brown County Executive

Street Address

205 Miramar Dr.

City, State and Zip Code

Green Bay WI 54301



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special

☒ July Continuing 2013 ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ 25,950.00	\$
1B. Contributions from Committees (Transfers-In)	\$ 0.00	\$
1C. Other Income and Commercial Loans	\$ 0.00	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 25,950.00	\$
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 1,525.95	\$
2B. Contributions to Committees (Transfers-Out)	\$ 0.00	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1,525.95	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 22.54
Total Receipts	\$ 25,950.00
Subtotal	\$ 25,972.54
Total Disbursements	\$ 1,525.95
CASH BALANCE END OF REPORT	\$ 24,446.59
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0.00
LOANS (Balance at the Close of This Period-3B)	\$ 5,194.02

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Troy Streckenbach

Signature of Candidate or Treasurer

Date:

7/20/13

Daytime Phone:

5440932

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

ContribDate	ContribAmount	ContribType	ContribType	ConduitID	LastName/Or ganizationName	FirstName	AddressLine1	AddressLine2	City	State	Zip	Occupation Title	EmployerName	EmpAddressLine e1	EmpCity	EmpState	EmpZip
5/17/2013	250	I	I		Van Straten	Julie	1116 Fox River Dr.		De Pere	WI	54115	Attorney Vice	UHC	3100 AMS Blvd.	Green Bay	WI	54313
5/17/2013	1000	I	I		Chernick	Ryan	891 Richborough Rd.		Green Bay	WI	54313	President	Camera Corner	529 N. Monroe	Green Bay	WI	54301
5/17/2013	100	I	I		Kolochesi	Thomas	3831 Willowtree Ln.		De Pere	WI	54115						
5/21/2013	50	I	I		Koch	Paul	5374 Moonlite Dr.		De Pere	WI	54115						
5/21/2013	100	I	I		Garot	Susan	1124 Spring Lake Dr.		De Pere	WI	54115						
5/21/2013	100	I	I		Cowan	Karen	2680 Humboldt Rd. Apt. 1		Green Bay	WI	54311						
5/22/2013	500	I	I		Dhelin	Jere	2555 Parkwood Dr.		Green Bay	WI	54304	Retired	Retired				
5/22/2013	100	I	I		Schroeder	Chris	2064 Allouez Ave.		Green Bay	WI	54311						
5/22/2013	250	I	I		Fabry	Victoria	226 Miramar Dr.		Green Bay	WI	54301	Owner	Industries/Saranac Glove	999 Lombardi Ave.	Green Bay	WI	54304
5/24/2013	100	I	I		Ariens	Daniel	655 W. Ryan St.		Brillion	WI	54110						
5/24/2013	500	I	I		Skogen	Mark	1650 Hawthorne Hieghts Dr.		De Pere	WI	54115	CEO	Festival Foods	1702 Lawrence Dr.	De Pere	WI	54115
5/24/2013	1000	I	I		Charles, Sr.	David	1740 Coffin Dr. Suite 2		Green Bay	WI	54302	President	Satellite Receivers Ltd./Cash Depot	1740 Coffin Dr. Ste. 2	Green Bay	WI	54302
5/25/2013	100	I	I		Sulzmann	William	2117 Lost Dauphin Rd.		De Pere	WI	54115						
5/25/2013	500	I	I		Van Lannen	Steven	2476 Longtail Beach Ln.		Suamico	WI	54173	Executive Manageme nt	American Foods Group	500 S. Washington St.	Green Bay	WI	54301
5/25/2013	200	I	I		International Union of Operating Engineers		PO Box 130		Pewaukee	WI	53072						
6/4/2013	500	I	I		Realtors PAC		4801 Forest Run Rd. Suite 201		Madison	WI	53704						
6/4/2013	100	I	I		Van Straten	Shari	2531 E. Telluride Trail		Green Bay	WI	54313	President/C		744 S. Webster Ave.	Green Bay	WI	54301
6/4/2013	500	I	I		Kerwin	George	930 Hickory Ave.		De Pere	WI	54115	EO	Ballin Health	1039 W. Mason St.	Green Bay	WI	54303
6/4/2013	250	I	I		Finco	Susan	674 East River Dr.		De Pere	WI	54115	Owner	Leonard & Finco Public Relations		Green Bay	WI	
6/4/2013	100	I	I		French	Beverly	325 St Francis Dr.		Green Bay	WI	54301						
6/4/2013	250	I	I		Van Bostel	Susan	1731 Lost Dauphin Rd.		De Pere	WI	54301	Retired					
6/4/2013	500	I	I		Atwell	Robert	3486 Solitude Rd.		De Pere	WI	54115	CEO	Nicolet Bank	111 N. Washington St.	Green Bay	WI	54301
6/4/2013	1000	I	I		Hoban	William	1027 S. Van Buren St.		Green Bay	WI	54301	President	Green Bay Drop Forge	1341 S. State St.	Green Bay	WI	54301
6/4/2013	100	I	I		Duffy	Dennis	1614 Willar Terr.		De Pere	WI	54115						
6/13/2013	1000	I	I		Swanson	David	101 Cherry St. Unit 406		Green Bay	WI	54301	Administrati ve	Transport Refrigeration, Inc.	PO Box 6023	De Pere	WI	54115
6/13/2013	100	I	I		Kuo	Jen	3621 Glenhaven Ct.		Green Bay	WI	54301						
6/13/2013	100	I	I		Madden	Tom	2952 Seafarer Way		Suamico	WI	54173						
6/13/2013	100	I	I		Hogan	Denis	201 Rosemont Dr.		Green Bay	WI	54301						
6/13/2013	1000	I	I		Bressler	Bruce	3117 Bay View Dr.		Green Bay	WI	54311						
6/13/2013	500	I	I		Graul	Mark	726 Meadowbrook Ct.		Green Bay	WI	54313	Business Owner	JetAir Group Arena Strategy Group	1921 Airport Dr. 1263 Main St. Suite 211	Green Bay	WI	54302

ContribDate	ContribAmount	ContribType	ContribType	ConduitID	LastName/Or OrganizationName	FirstName	AddressLine1	AddressLine2	City	State	Zip	Occupation Title	EmployerName	EmpAddressLine1	EmpCity	EmpState	EmpZip
6/13/2013	500	I	500 M		Smet Kuehn	Scott Kevin	300 N. Broadway Suite 2B 2158 Charles St.		Green Bay De Pere	WI WI	54303 54115	Contractor	Smet Construction	300 N. Broadway Suite 2B	Green Bay	WI	54303
6/20/2013	500	I	500 M		Wied Toil	Anthony Brad	2300 Riverside Dr. Ste. 10 1246 Prairie Falcon Trail		Green Bay Green Bay	WI WI	54301 54313	Manager	Road Trip, LLC	2300 Riverside Dr. Ste. 10	Green Bay	WI	54301
6/20/2013	1000	I	1000 M		Wanezek	Warren	417 S. Adams St.		Green Bay	WI	54301	Attorney	Wanezek, Jaekels, Law Firm	417 S. Adams St.	Green Bay	WI	54301
6/20/2013	500	I	500 M		Olejniczak	Thomas	1543 Fox Ridge Ct.		De Pere	WI	54115	Attorney	Law Office of Conway, Olejniczak & Jerry, SC	231 S. Adams St.	Green Bay	WI	54301
6/20/2013	200	I	200 M		Kosmoski	Paul	1964 W. Telemark Circ.		Green Bay	WI	54313	Manager	Mosk Corp DBA Kos Mgt.	1270 Main St.	Green Bay	WI	54302
6/20/2013	100	I	100 M		Krawczyk	Judith	2495 Manitowoc Rd.		Green Bay	WI	54311						
6/20/2013	100	I	100 M		Johnson	Rick	3027 Autumn Leaves Cir.		Green Bay	WI	54313						
6/20/2013	250	I	250 M		Augustian	Brad	2143 Palmer Dr.		Green Bay	WI	54311	Contractor	Lizerscapes Inc.	2034 Bellevue St.	Green Bay	WI	54311
6/20/2013	250	I	250 M		Riopelle	Jack	712 Terraview Dr.		Green Bay	WI	54301	Retired	Riopellet & Associates	712 Terraview Dr.	Green Bay	WI	54301
6/20/2013	150	PAC	150 M		Wisconsin Public Service	Scott	PO Box 19001		Green Bay	WI	54307						
6/20/2013	50	Conduit	50 M		Agamalte	Scott	E1754 River Rd.		Casco	WI	54205						
6/20/2013	200	Conduit	200 M		Antonneau	Ron	PO Box 1256		Green Bay	WI	54305	Director, Government Affairs	WPS	PO Box 19001	Green Bay	WI	54307
6/20/2013	50	Conduit	50 M		Bissing	Richard	2776 Steamboat Springs Run		Green Bay	WI	54313						
6/20/2013	25	Conduit	25 M		Boargard	Lawrence	4140 Crooked Stick Ct.		Oneida	WI	54155						
6/20/2013	25	Conduit	25 M		Bright	Brian	398 Waterview Rd.		De Pere	WI	54115						
6/20/2013	100	Conduit	100 M		Cioninger	Charles	7179 CTH D		Greenleaf	WI	54126						
6/20/2013	25	Conduit	25 M		Czarnecki	David	6685 Anthony Dr.		Sobleski	WI	54171						
6/20/2013	25	Conduit	25 M		De Wolfe	Gary	203 Wintercress Dr.		Green Bay	WI	54313						
6/20/2013	25	Conduit	25 M		Holcomb	Alena	1562 Diamond Ct.		Green Bay	WI	54311						
6/20/2013	25	Conduit	25 M		Hurley	Sara	1576 Woodland Dr.		Green Bay	WI	54313						
6/20/2013	50	Conduit	50 M		Kage	Brian	1920 Kettle Creek Ln.		De Pere	WI	54115						
6/20/2013	25	Conduit	25 M		Kallies	Timothy	2428 Pinehurst Cir.		Green Bay	WI	54302						
6/20/2013	50	Conduit	50 M		Karls	Carol	924 Oakdale Ave.		De Pere	WI	54115						
6/20/2013	100	Conduit	100 M		Laakso	William	1211 Livingston St.		Green Bay	WI	54311						
6/20/2013	100	Conduit	100 M		LaRowe	Christopher	502 Astalan Dr.		Madison	WI	53718						
6/20/2013	50	Conduit	50 M		Lawniczak	Connie	3119 Linville Rd.		Green Bay	WI	54313						
6/20/2013	25	Conduit	25 M		Maternowski	Craig	2802 Scotch Pine Trail		Green Bay	WI	54313						
6/20/2013	25	Conduit	25 M		Mathys	Douglas	1165 Loch Dr.		Green Bay	WI	54304						
6/20/2013	50	Conduit	50 M		McCambridge	Roger	2932 Hidden Lake Ln.		Suamico	WI	54313						
6/20/2013	75	Conduit	75 M		Mikusk	Phillip	2789 Newcastle Ct.		Green Bay	WI	54313						
6/20/2013	25	Conduit	25 M		Monnette	Justin	1792 Lennon Ln.		De Pere	WI	54115						
6/20/2013	50	Conduit	50 M		Moore	Michael	N2025 Willow Rd.		Pulaski	WI	54162						
6/20/2013	100	Conduit	100 M		Nick	Barbara	3125 Crusade Ln.		Green Bay	WI	54313						
6/20/2013	100	Conduit	100 M		Penn	Theodore	1820 Ridgeway Dr. #21A		De Pere	WI	54115						

ContribDate	ContribAmount	ContribYTDAmount	ContribType	ContributorID	LastName/Or ganizationName	First-Name	AddressLine1	AddressLine2	City	State	Zip	Occupation Title	EmployerName	EmpAddressLine1	EmpCity	EmpState	EmpZip
6/20/2013	50	50 M	Conduit	9000018	Peterson	Vernon	1222 Prairie Rose Ln.		Green Bay	WI	54313						
6/20/2013	25	25 M	Conduit	9000018	Radtke	Michael	1711 Royal Crown Ct.		Green Bay	WI	54313						
6/20/2013	100	100 M	Conduit	9000018	Schillinger	Patrick	714 Iron Horse Way		Green Bay	WI	54311						
6/20/2013	50	50 M	Conduit	9000018	Schott	James	996 Thornberry Creek Dr.		Oneida	WI	54155						
6/20/2013	125	125 M	Conduit	9000018	Schrock	Charles	195 North Harbor Dr. Unit 903		Chicago	IL	60601	Chairman, President & CEO	PO Box 19001	Green Bay	54307		
6/20/2013	25	25 M	Conduit	9000018	Smiles	Thomas	1188 Saint Lawrence Dr.		Green Bay	WI	54311						
6/20/2013	100	100 M	Conduit	9000018	Sroda	Brad	3288 Eller Rd.		De Pere	WI	54115						
6/20/2013	50	50 M	Conduit	9000018	Trost	Jody	2844 Hillcrest Ct.		Green Bay	WI	54313						
6/20/2013	75	75 M	Conduit	9000018	Verbanac	Daniel	3363 Maryknoll Ct.		Green Bay	WI	54313						
6/20/2013	50	50 M	Conduit	9000018	Warner	David	3226 Hickory Ridge Ln.		Green Bay	WI	54311						
6/20/2013	25	25 M	Conduit	9000018	Johnson	Bradley	932 DuChateau Ln.		Green Bay	WI	54304						
6/20/2013	150	150 M	Conduit	9000018	Weyers	Larry	999 Urbandale Ave.		De Pere	WI	54115	Retired					
6/4/2013	100	100 M	Conduit	900182	Derrish	Ahmet	778 Stonewood Ln.		Oneida	WI	54155						
6/4/2013	100	100 M	Conduit	900182	Griffit	Wesley	1805 Rainbow Ave.		De Pere	WI	54115						
6/4/2013	100	100 M	Conduit	900182	Hennigan	Shawn	1994 Paint Horse Tr.		De Pere	WI	54115						
6/4/2013	100	100 M	Conduit	900182	Neal	Bruce	1515 Bradbury Ct.		Green Bay	WI	54313						
6/4/2013	100	100 M	Conduit	900182	Peters	Eric	1511 Polo Run Ter		Green Bay	WI	54313						
6/4/2013	100	100 M	Conduit	900182	Sorrells	Christopher	3317 Star Creek Ct.		Green Bay	WI	54311						
6/4/2013	100	100 M	Conduit	900182	Strait	Paul	2845 Greenbrier Rd.		Green Bay	WI	54311						
6/4/2013	100	100 M	Conduit	900182	Summerside	Paul	2845 Greenbrier Rd.		Green Bay	WI	54311						
6/4/2013	100	100 M	Conduit	900182	Weish	Gregory	216 Shelley Ln.		De Pere	WI	54115						
6/4/2013	100	100 M	Conduit	900182	Wilkins	Thomas	2927 Shelter Creek Ct.		Green Bay	WI	54313						
6/4/2013	50	50 M	Conduit	900010	Bunker	Tina	825 S. Huron Rd. Ste. G		Green Bay	WI	54311						
6/4/2013	50	50 M	Conduit	900010	Curran	Kathryn	1385 Wellington Dr.		Suamico	WI	54178						
6/4/2013	50	50 M	Conduit	900010	Detman-Bielefeldt	Tina	1954 W. Telemark Cir.		Green Bay	WI	54313						
6/4/2013	50	50 M	Conduit	900010	Dickson	Jill	1407 Bingham Dr.		De Pere	WI	54115						
6/4/2013	50	50 M	Conduit	900010	Fisk	Thomas	3124 N. Spruce St.		Appleton	WI	54914						
6/4/2013	50	50 M	Conduit	900010	Hilgenberg	Phillip	2803 Nicolet Dr.		Green Bay	WI	54311						
6/4/2013	50	50 M	Conduit	900010	Kaster	Patricia	2190 Hilltop Dr.		Green Bay	WI	54313						
6/4/2013	50	50 M	Conduit	900010	Sewell	Michael	2662 Maple Hills Dr.		Green Bay	WI	54313						
6/4/2013	50	50 M	Conduit	900010	Swick	Scott	N7170 Winnebago Dr.		Fond du Lac	WI	54935						
6/4/2013	50	50 M	Conduit	900010	Yaeger	Barbara	2101 River Point Ct.		De Pere	WI	54115						
6/20/2013	500	500 M	I		Conway	Gregory	PO Box 23200		Green Bay	WI	54305	Attorney	Conway, Olejniczak & Jerry, SC	231 South Adams St.	WI	54301	
6/20/2013	100	100 M	I		Arendt	Virginia	N9495 County Hwy U		Green Bay	WI	54313						
6/20/2013	100	100 M	I		Streckenbach	Clifford	3905 County Rd. II Lot 1		Larsen	WI	54947						
6/20/2013	100	100 M	I		Ullmer	Lois	420 Roselawn Blvd.		Green Bay	WI	54301						
6/20/2013	150	150 M	I		Gannon	Kevin	2870 Dream Lake Rd.		De Pere	WI	54115	Requested					
6/20/2013					Boilermakers Local 107												
6/20/2013	500	500 M	PAC	501397	State PAC		3185 Gateway Rd. Ste. 200		Brookfield	WI	53045						

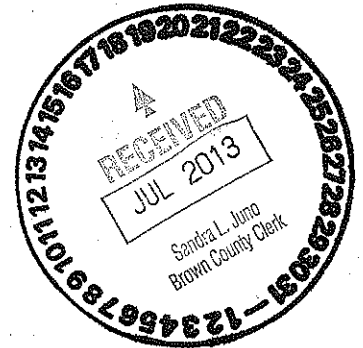
ContribDate	ContribAmount	ContribType	ContributorType	Conduit_ID	LastName/Or ganizationName	FirstName	AddressLine1	AddressLine2	City	State	Zip	Occupation Title	EmployerName	EmpAddressLine1	EmpCity	EmpState	EmpZip
6/20/2013	600	1000 M	PAC	501360	Northeast Wisconsin Building & Construction	Fran	2828 N. Ballard Rd. 1245 Outward Ave.		Appleton De Pere	WI WI	54911 54115	Retired					
6/20/2013	1000	1000 M	I		Trades Council Frigo	Fran											
6/20/2013	1000	1000 M	I		Dickman	Craig	2914 Westline Rd.		Green Bay	WI	54313	President	Breakthrough Fuel	400 S. Washington St.	WI	54301	
6/20/2013	1000	1000 M	I		Noeldner	Jeffrey	4302 Sawgrass Ct.		Onelda	WI	54155	Developer	Midwest Expansion	2300 Lineville Rd.	WI	54313	
6/20/2013	1000	1000 M	I		Streckenbach	Donna	1454 Avondale Dr.		Green Bay	WI	54313						
6/20/2013	1000	1000 M	I		Young	Dan	1049 Moraine Way Apt. 7		Green Bay	WI	54303	CPA/CVA	Schenck	2200 Riverside Dr.	WI	54301	
6/20/2013	125	125 M	I		Bushkie	Scott	125 Arrowhead Dr.		Green Bay	WI	54301	M&A	Cornerstone	200 S. Washington St.	WI	54301	
6/25/2013	250	250 M	I		Zacharias	Tod	15830 County Rd. B8		Gillett	WI	54124	Advisor	Business Services	Ste. 205	WI	54301	
6/29/2013	100	100 M	I		Schinken	Joe	936 Lawton Place		De Pere	WI	54115						

PayeeType	GAB_ID	LastName/BusinessName	FirstName	MiddleName	AddressLine1	AddressLine2	City	State	Zip	ExpenditureDate	ExpenseAmount	ExpenseCategory	ExpensePurpose	Comments
B		Rock Garden			1951 Bond St.		Green Bay	WI	54303	6/30/2013	\$1,144.16	MO	FFB	
B		Kuehn Printing			401 N. Quincy St.		Green Bay	WI	54301	6/30/2013	\$26.38	MO	PCP	
S		Streckenbach	Troy		205 Miramar		Green Bay	WI	54301	6/30/2013	\$174.91	MO	POST	
B		PayPal						CA		6/30/2013	\$180.50	MO	BC	Fees for PayPal

PayeeType	CAB ID	LastName/BusinessName	FirstName	MiddleName	AddressLine1	AddressLine2	City	State	Zip	ExpenditureDate	ExpenseAmount	ExpenseCategory	ExpensePurpose	Comments
B		Rock Garden			1951 Bond St.		Green Bay	WI	54303	6/30/2013	\$1,144.16	MO	FFB	
B		Kuehn Printing			401 N. Quincy St.		Green Bay	WI	54301	6/30/2013	\$26.38	MO	PCP	
S		Streckenbach	Troy		205 Miramar		Green Bay	WI	54301	6/30/2013	\$174.91	MO	POST	
B		PayPal						CA		6/30/2013	\$180.50	MO	BC	Fees for PayPal

End of Report

Campaign Finance Report Short Form EB-2a State Elections Board		
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special	Pre-Primary _____ Pre-Election _____	<input type="checkbox"/> Continuing Report due Jan. 31, _____ <input checked="" type="checkbox"/> Continuing Report due July 20, 2013
Friends of VanderLeest Name of Candidate or Committee (in full)		
1422 Bleech Tree Dr Address (number and street)		
Green Bay, WI 54304 City, State, Zip		
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.		
Signature of Committee Treasurer or Candidate John V. H.	Date 7/16/13	Daytime Phone 920-737-0999
EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)		



SHORT FORM – Use For “No Activity” Reporting Period

*****End of Report*****

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: ☒ Yes ☐ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

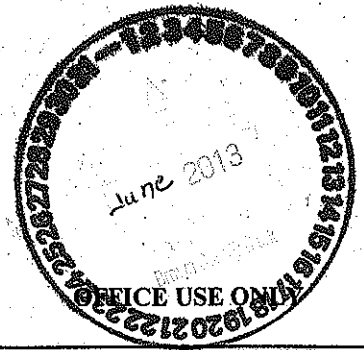
JERRY VANDERSTEEN

Street Address

1873 HARBOUR LIGHTS ROAD

City, State and Zip Code

GREEN BAY WI 54313



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special
☒ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☒ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
1A. Contributions (Including Loans) from Individuals	\$	\$	\$	\$
1B. Contributions from Committees (Transfers-In)	\$	\$	\$	\$
1C. Other Income and Commercial Loans	\$	\$	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	\$	\$	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$	\$	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	\$	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$	\$	\$
Total Receipts	\$	\$	\$
Subtotal	\$	\$	\$
Total Disbursements	\$	\$	\$
CASH BALANCE END OF REPORT	\$	\$	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$	\$	\$
LOANS (Balance at the Close of This Period-3B)	\$	\$	\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer JERRY VANDERSTEEN	Signature of Candidate or Treasurer <i>Jerry Vandersteen</i>	Date: 6/1/13
		Daytime Phone:

The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

This form is prescribed by the State Elections Board P.O. Box 2973, Madison, WI 53701-2973, 608-266-8005 Fax: 608-267-0500

SCHEDULE 4**TERMINATION REQUEST**

Complete Committee Name

JERRY VANDERSTEEN

WSEB ID Number

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Non-candidate committees registered with the state must pay the \$100 filing fee if they have over \$2500 in total disbursements for the calendar year.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

DISPOSAL OF RESIDUAL FUNDS*THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.*

Date	Recipient	Amount
		Ø

LOAN OR DEBT FORGIVENESS*I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.*

Date	Endorser, Guarantor, or Creditor	Amount
		Ø

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Signature of Candidate or Treasurer

Date

*****End of Report*****

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

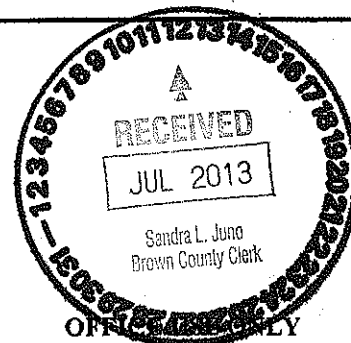
Citizens for Willianette

Street Address

719 Fredrick Ct Apt. 6

City, State and Zip Code

Green Bay WI 54313



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special
☒ July Continuing 2013 ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☒ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$	\$
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$ 0.29	\$ 0.89
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0.29	\$ 0.89
2. DISBURSEMENTS		
2A. Gross Expenditures	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 586.25
Total Receipts	\$.29
Subtotal	\$ 586.54
Total Disbursements	\$ 0
CASH BALANCE END OF REPORT	\$ 586.54
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0
LOANS (Balance at the Close of This Period-3B)	\$ 0

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer <i>Cathy Willianette Lindsay</i>	Signature of Candidate or Treasurer <i>Cathy Willianette Lindsay</i>	Date: 7-12-2013 Daytime Phone: 920-448-4469
--	---	--

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name

Citizens for Willouette

Instructions for completing schedules are on the back of each schedule.

[illegible]

SUBTOTAL OTHER INCOME THIS PAGE \$

*****End of Report*****

TOTAL ITEMIZED OTHER INCOME \$

AL UNITEMIZED OTHER INCOME \$20 OR LESS

TOTAL OTHER INCOME

10

2

• 29

\$ 29

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

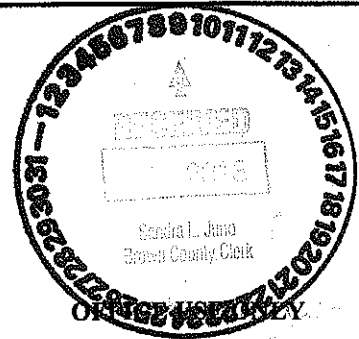
JASON WISNESKI for Brown County Supervisor

Street Address

PO BOX 28242

City, State and Zip Code

Green Bay, WI 54324



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special
☒ July Continuing *2013* ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

Column A
This Period

Column B
Calendar
Year-To-Date

1A. Contributions (Including Loans) from Individuals

\$ *550.00*

\$

1B. Contributions from Committees (Transfers-In)

\$ *—*

\$

1C. Other Income and Commercial Loans

\$ *—*

\$

TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)

\$ *550.00*

\$

2. DISBURSEMENTS

2A. Gross Expenditures

\$ *230.56*

\$

2B. Contributions to Committees (Transfers-Out)

\$ *—*

\$

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$ *230.56*

\$

CASH SUMMARY

Cash Balance Beginning of Report

\$ *—*

Total Receipts

\$ *550.00*

Subtotal

\$ *550.00*

Total Disbursements

\$ *230.56*

CASH BALANCE END OF REPORT

\$ *319.44*

INCURRED OBLIGATIONS

(Balance at the Close of This Period-3A)

\$

LOANS (Balance at the Close of This Period-3B)

\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

JASON WISNESKI

Signature of Candidate or Treasurer

[Signature]

Date: *7/9/13*

Daytime Phone: *920-713-3517*

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

Page ____ of ____

Complete Committee Name

JASON WISMESKI for Bracon County Supervisor

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
6/18/13	JASON CHARLES		50.00	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
5/9/13	Anne Podgurski 5 New York Blvd. Edison, NJ 08820		100.00	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
6/3/13	JASON WISMESKI 3281 Peters on Rd. Green Bay WI 54311	JW Insurance & Notary (Self-employed agent) PO BOX 28242 Green Bay WI 54324	250.00	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
6/26/13	JASON WISMESKI 3281 Peterson Rd. Green Bay WI 54311	JW Insurance & Notary (Self-employed agent) PO Box 28242 Green Bay WI 54324	150.00	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
1/1				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
1/1				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
1/1				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
1/1				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 550.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 550.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 0.00

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 550.00

SCHEDULE 2-A
DISBURSEMENTS
Gross Expenditures

Page ____ of ____

Complete Committee Name

JASON WISMESKI for Brown County Supervisor

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
5/5/13	VISTAPRINT www.vistaprint.com Check if: <input type="checkbox"/> In-Kind Offset	marketing expenses	\$107.66
5/21/13	VISTAPRINT www.vistaprint.com Check if: <input type="checkbox"/> In-Kind Offset	marketing expenses	\$76.43
6/19/13	Arizona Cap Company 6353 Nugget Park Tr. Prescott, AZ 86303 Check if: <input type="checkbox"/> In-Kind Offset	marketing expenses	\$30.98
6/13/13	Fox Communities Credit Union 2170 S. Ashland Ave. Green Bay WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Account check order	\$15.57
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 230.56

TOTAL ITEMIZED EXPENDITURES

\$ 230.56

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

 \$ ~~100.00~~

TOTAL EXPENDITURES

\$ 230.56

*****End of Report*****

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

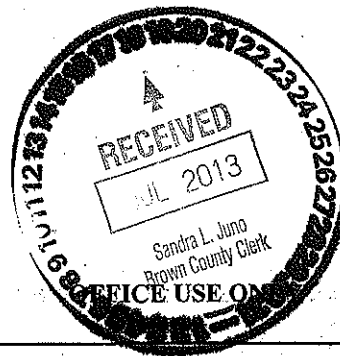
Lisa Wilson

Street Address

864 Pinecrest Rd.

City, State and Zip Code

Green Bay WI 54313



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special
☒ July Continuing 2013 ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☒ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ —	\$
1B. Contributions from Committees (Transfers-In)	\$ —	\$
1C. Other Income and Commercial Loans	\$ —	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ —	\$
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 163.06	\$
2B. Contributions to Committees (Transfers-Out)	\$ —	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 163.06	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 163.06
Total Receipts	\$ —
Subtotal	\$ 163.06
Total Disbursements	\$ 163.06
CASH BALANCE END OF REPORT	\$ -0-
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ —
LOANS (Balance at the Close of This Period-3B)	\$ —

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Lisa Wilson

Signature of Candidate or Treasurer

Lisa Wilson

Date:

1-17-13

Daytime Phone:

680-3363

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

SCHEDULE 2-A
DISBURSEMENTS
Gross Expenditures

Page 4 of 10

Complete Committee Name Lisa Wilson

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
2/1/13	Office Max	Office Supplies	\$128.65
2/1/13	USPS	Stamps	34.41
/ /			
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SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 163.06

TOTAL ITEMIZED EXPENDITURES

\$ 163.06

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$ —

TOTAL EXPENDITURES

\$ 163.06

10/10

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name

Lisa Wilson

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

DISPOSAL OF RESIDUAL FUNDS

THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.

Date	Recipient	Amount

LOAN OR DEBT FORGIVENESS

I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.

Date	Endorser, Guarantor, or Creditor	Amount

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Lisa Wilson

Signature of Candidate or Treasurer

7-17-13

Date

*****End of Report*****